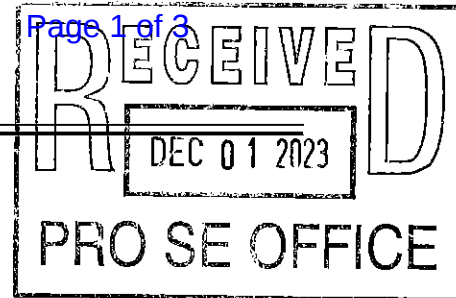


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



LAKIA L. ROBINSON

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV ( ) ( )

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

COCA-COLA

(full name(s) of the defendant(s)/respondent(s))

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)  
I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☒ Yes ☐ No

If "yes," my employer's name and address are:

CENTER FOR TRANSITIONAL LIVING  
6 EXECUTIVE DR. STE 120 FARMINGTON CT 06032  
Gross monthly pay or wages: APPROXIMATELY \$2300.00

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment  
(b) Rent payments, interest, or dividends

☒ Yes  
☐ Yes

☐ No  
☐ No

- |                                                                                             |                                         |                                        |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| (c) Pension, annuity, or life insurance payments                                            | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments                                            | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances                                                                   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (g) Any other sources                                                                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

VEHICLE ACCIDENT SETTLEMENT \$36,181.79 → COMPLETELY SPENT  
GIG WORKER \$627.00

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

CHECKING → NEGATIVE \$6.00

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

YES → VEHICLE, SINGLE FAMILY HOME ~~###~~

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

HOUSING → \$1,396.00 GAS → \$220.00 CABLE → \$70.00 CELLPHONE → \$100.00  
UTILITIES → \$85.00 VEHICLE GAS → \$220.00 WATER → \$90.00 CAR INS → \$90.00

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

NONE

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

12-1-2023  
Dated

Lakia L. Robinson  
Signature

ROBINSON, LAKIA, L.  
Name (Last, First, MI)

Prison Identification # (If incarcerated)

230 BEAR PAW ROAD  
Address

BRIDGEPORT  
City

CT  
State

06606  
Zip Code

203-648-5026  
Telephone Number

RAY.ZEEM@ICLOUD.COM  
E-mail Address (If available)

CO	FILE	DEPT	CLOCK	VCHR NO.	020
406	003004			0000480122	1

**Earnings Statement**

CENTER FOR TRANSITIONAL LIVING  
6 EXECUTIVE DR  
STE 120  
FARMINGTON, CT 06032-2853

Period Beginning: 11/10/2023  
Period Ending: 11/23/2023  
Pay Date: 11/30/2023

Filing Status: Married filing jointly  
Exemptions/Allowances:  
Federal: Standard Withholding Table,\$10 Extra  
Withholding

LAKIEA ROBINSON  
230 BEAR PAW ROAD  
BRIDGEPORT CT 06606

Earnings	rate	hours	this period	year to date
Regular	18.0000	66.00	1,188.00	13,050.75
Mileage Rel			46.50*	95.75
Sick				126.00
Training Pa				45.00
<b>Gross Pay</b>			<b>\$1,234.50</b>	<b>13,317.50</b>

Other Benefits and Information	this period	total to date
Totl Hrs Worked	66.00	

**Important Notes**

COMPANY PH#:(800) 285-1135

BASIS OF PAY: HOURLY

Deductions	Statutory		
Federal Income Tax	-18.56		260.36
Social Security Tax	-73.66		819.75
Medicare Tax	-17.23		191.72
CT State Income Tax	-34.49		226.68
CT Paid Family Leave Ins	-5.94		66.11
<b>Other</b>			
IRA EE	-37.04*		399.57
<b>Net Pay</b>		<b>\$1,047.58</b>	
CHECKING		-1,047.58	
<b>Net Check</b>		<b>\$0.00</b>	

**Additional Tax Withholding Information**

Taxable Marital Status:  
CT: Married  
Exemptions/Allowances:  
CT: Filing Status A

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,150.96

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CENTER FOR TRANSITIONAL LIVING  
6 EXECUTIVE DR  
STE 120  
FARMINGTON, CT 06032-2853

Advice number: 00000480122  
Pay date: 11/30/2023

Deposited to the account of	account number	transit ABA	amount
LAKIEA ROBINSON	xxxxx7574	xxxx xxxx	\$1,047.58

THIS IS NOT A CHECK

NON-NEGOTIABLE